

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Beneficiary Choices
7500 Security Boulevard, Mail Stop C1-05-17
Baltimore, Maryland 21244-1850



Health Plan Benefits Group

TO: ALL Medicare + Choice Organization

SUBJECT: CERTIFICATION OF MONTHLY ENROLLMENT AND PAYMENT DATA

Under the Medicare+Choice (M+C) program requirements (42 CFR 422.502(l), M+C organizations must submit monthly attestations of enrollment information related to payment from the Centers for Medicare and Medicaid Services (CMS). This requirement is also described in the M+C coordinated care plan (CCP) contract, which all participating M+C organizations offering such a plan have signed.

As stated in the M+C contract, M+C organizations are to complete and submit the attached form, “Certification of Monthly Enrollment and Payment Data Relating to CMS Payment to a Medicare+Choice Organization”, to CMS each month. In this form the M+C organization certifies, through the signature of its chief executive officer (CEO) or chief financial officer (CFO) or an individual delegated with the authority to sign on behalf of one of these officers and who reports directly to such officer, that, based on best knowledge, information, and belief, the enrollment information submitted to CMS is accurate, complete, and truthful. In addition, this certifies that the items submitted by the M+C organizations are accurately reflected in the reports provided by CMS and that those which are not accurate have been submitted to the Retroactive Adjustment Processing Contractor for correction.

CMS provides the following information to assist M+C organizations in complying with the monthly enrollment certification requirements.

Certification of Data Submitted by the M+CO: Item 1 of the “Certification of Monthly Enrollment and Payment Data Relating to CMS Payment to a M+CO” requires the M+CO to certify the accuracy of new data that the M+CO has submitted to CMS. This includes new enrollments, disenrollments, and changes in Plan Benefit Packages, as well as those beneficiaries who have met the qualifying institutional period or Medical coverage periods.

Certification of Information from CMS Reports: Item 2 of the “Certification of Monthly Enrollment and Payment Data Relating to CMS Payment to a M+CO” requires the M+C organization to certify the accuracy of CMS’ monthly enrollment reports. This information is contained in the Monthly reports. To comply with the requirement of Item 2, the M+C organization must review these reports and any discrepancies it finds between the report and the M+C organization’s records. M+C organizations will follow the existing procedures for submitting corrections of discrepancies to IntegriGuard following the procedures for retroactive adjustments.

M+C organizations should not send retroactive adjustments with the certification form as they will not be processed.

Multiple Plans: M+C organizations offering more than one coordinated care plan under multiple contract numbers, are to submit one form for all plans combined. The organization must indicate in the appropriate space the contract numbers (H numbers) for which the organization offers and for which the organization is certifying.

Timing: The “Certification of monthly Enrollment and Payment Data Relating to CMS Payment to a M+CO” requires the M+C organization’s CEO/CFO to attest to two types of enrollment information: 1) the data the plan has reported to CMS in a given month and 2) the data contained in CMS’ monthly membership report (available to M+CO’s through the GHP Report Output User Communication Help System [GROUCH]). As stated in the Medicare Managed Care Enrollment and Payment Process Guide, M+C organizations must notify CMS of any request for corrections within 45 days of the date the full GROUCH report becomes available for downloading by the M+C organization. Therefore, the certification for each month’s data will be due to CMS within 45 days of the date the full GROUCH report becomes available for that month’s data. For example the certification of data for the February 1 payment is due on March 12, 2003. This is 45 days after the Grouch reports for the February 1 payments were available, which was January 26, 2003.

The schedule for M+C organizations to submit certification of monthly Enrollment and Payment data is included on the GHP Monthly Schedule for each calendar year (For example “Attestation due for February 9, GROUCH reports available on Dec 22, 2003”). Any delay in the posting of the GROUCH report will require CMS to adjust the certification form due date accordingly.

*CMS provides to you known as the GROUCH reports.

Mailing Address / Point of Contact: Please send completed enrollment certification forms to:

IntegriGuard
2121 North 117th Avenue
Suite 200
Omaha, Nebraska 68164
Phone: 402-955-2781

Please direct questions about this process to Carol Eaton (410) 786-6165 or at
“Ceaton@cms.hhs.gov.”

**CERTIFICATION OF MONTHLY ENROLLMENT AND PAYMENT DATA
RELATING TO CMS PAYMENT
TO A MEDICARE+CHOICE ORGANIZATION**

Pursuant to the contract(s) between the Centers for Medicare and Medicaid Services (CMS), and _____ (*name of M+C Organization*) hereafter referred to as the “M+C Organization,” governing the operation of the following Medicare +Choice plans _____ (*plan identification numbers*), the M+C Organization hereby requests payment under the contract, and in doing so, makes the following certifications concerning CMS payments to the M+C Organization. The M+C Organization acknowledges that the information described below directly affects the calculation of CMS payments to the M+C Organization and that misrepresentations to CMS about the accuracy of such information may result in Federal civil action and/or criminal prosecution. This certification shall not be considered a waiver of the M+C organization’s right to seek payment adjustments from CMS based on information or data which does not become available until after the date the M+C organization submits this certification.

1. The M+C Organization has reported to CMS for applications received in the month of _____ (*month and year*) all new enrollments, disenrollments, and changes in Plan Benefit Packages, as well as those beneficiaries who have met the qualifying institutional period with respect to the above-stated M+C plans. Based on best knowledge, information, and belief, all information submitted to CMS in this report is accurate, complete, and truthful.

2. The M+C Organization has reviewed the CMS monthly membership report and reply listing for the month of _____ (*month and year*) for the above-stated M+C plans and has submitted requests to the IntegriGuard, under separate cover, for retroactive adjustments to correct payment data when the M+CO has more accurate information. This may include enrollment status, working aged status, institutional status, Medicaid status, and State and County Code related to specific beneficiary.

For those portions of the monthly membership report and the reply listing to which the M+C Organization raises no objection, the M+C Organization, through the certifying CEO/CFO, will be deemed to have attested, based on best knowledge, information, and belief, to their accuracy, completeness, and truthfulness.

NAME:

TITLE:

on behalf of

(*M+C Organization*)